Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective			10/1/2013
	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent <u>Change (+ or -)**</u>
1.	Automobile Liability Private		
	Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	562	17.70%
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
	Other		
	Line of Insurance		
Doe	es filing only apply to certain territory (territories) or certain classes? If so, specify:	<u>No.</u>
	of description of filing. (If filing follows sing Company LCM to 1.860	rates of an advisory organization, specify orga	anization):
	justed to reflect all prior rate changes hange in Company's premium level w	hich will result from application of new rates.	
		AmTrust Insurance Company	
		Na	ime of Company
		Howard Montgomery, Compli	ance Manager- Rates & Forms
			Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private Passenger Commercial		
Automobile Physical Damage Private Passenger Commerce	cial	
3. Liability Other Than Auto		
4. Burglary and Theft	1668	97.50%
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		· · · · · · · · · · · · · · · · · · ·
11. Inland Marine12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Ento of modranos		
Does filing only apply to certain territor	ory (territories) or certain classes? If so, specify:	No.
Priof description of filing (If filing follo	ows rates of an advisory organization, specify org	ranization):
Revising Company LCM to 3.120	ws rates or arradvisory organization, specify org	
Trottoning Company Comito C. 120		
	··············	
*Adjusted to reflect all prior rate chan	ges.	
**Change in Company's premium lev	el which will result from application of new rates.	
	Milwaukee Casualty Insurar	nce Company
		Name of Company
	Howard Montgomeny Comp	oliance Manager- Rates & Forms
	rioward Montgomery, Comp	Official – Title

Form (RF-3)

ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

	(1)	(2) Annual Premium	(3) Percent
	<u>Coverage</u>	Volume (Illinois)*	<u>Change (+ or -)**</u>
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft	970	-21.50%
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
	Extended Coverage		
11.	Inland Marine		
	Homeowners		
	Commercial Multi-Peril		
	Crop Hail		
15.	Other		
	Line of Insurance		
_			
Doe	es filing only apply to certain territory (erritories) or certain classes? If so, specify:	No
			J-57"
Brie	f description of filing. (If filing follows i	ates of an advisory organization, specify orga	nization):
	sing Company LCM to 1.240		
			•
	justed to reflect all prior rate changes.		
**Cl	nange in Company's premium level w	nich will result from application of new rates.	
		Security National Insurance C	ompany
			me of Company
		- 12 - 12 - 13 - 13 - 13 - 13 - 13 - 13 	ance Manager- Rates & Forms
		The state of the s	Official – Title